

Department of Parks, Recreation and Neighborhood Services

Volunteer Service Application

☐ Member ☐ Community Volunteer ☐ Student					
Personal Information					
Name:	Date:				
E-mail:					
Address: City	State	Zip			
Silect	State	Zip			
Are you at least 18 years old? ☐ Yes ☐ No when can you be	pegin?				
Do you have experience working with people with mental disabilities?	□ Yes	□ No			
How did you hear about Grace?					
	se of Emergency, who should be contacted? ionship:Phone:				
If you are a student applying for volunteer work, please complete the follow	vina saction				
	e e				
School/College: Class					
Professor's Name:					
How many hours do you need/want to complete?	_ by when?				
If you are a community member, applying for a volunteer position, please of	complete the following se	ection.			
What tasks are of most interest to you?					
☐ Activity/program Facilitation ☐ Cooking/Lunch Preparation	☐ Special events				
☐ Grant writing/Fund Raising	•				
☐ Clinical (only for mental health professionals)	☐ Center mainter	nance			
□ Other					
Please list one person who we can contact as references.					
Name:	Phone:				
1 141110:	1 110110.				

Service Agreement

☐ Tuesday

Wednesday

I (plagge print your n	ame),			am at least 18 years
old and agree to pro- Community Center (Gany kind to be provided service to the City; he reward or prize to me. covered under the City remedy for any injury through the City of Samay be available to many communication.	ovide my services to the GCC) of the City of San Jose I understand that I understand that during y of San Jose's Workers I that I may sustain during an Jose's Workers' Complete for the injuries describer City of San José and materials.	ne Department José. I acknowled osé/GCC for me the City of Sanger the course and compensation in the course appensation self-in ped above. I also	of Parks, Recreation edge that there is no sy services. Other pen José/GCC is not rescope of my services self-insurance. I also and scope of my services nsurance coverage. It is not acknowledge and a service of my services are coverage.	and Neighborhood Services' Grace salary, other compensation or prizes of ersons may offer rewards or prizes for sponsible for the payment of any such to the City of San José/GCC, I will be to understand and agree that my SOLE vices to the City of San José shall be I waive any other right or remedy that agree that my services are provided for the preason, at any time by the City of San José San Jo
Client Confident	tiality Agreement			
client's treatment, psy health and medical set	ychiatric, behavioral, metings, employees and vo	edical, financial lunteers must ac	, legal information a lhere to the highest st	dential client information, regarding a and/or other issues. As in all mental andards of confidentiality. To this end, actices set forth by the Federal HIPAA
NOT be discussed or of Grace Community Cer	communicated in any fas	shion to others or ractices and agree	utside of the GCC en ee to abide by the cor	derstand that client information may apployees. Furthermore, I have read the affidentiality regulations within, to keep
permission to the G		ny volunteer w	ork, to contact and	Confidentiality Agreement, and give exchange information with any/all Community Center.
Signature:				Date:
Volunteer Coordinator	r Signature:			Date:
For Office Use C	Only			
Volunteer Type:	☐ Member	☐ Community	☐ Student	
Work schedule agree	ed upon.			
Days ☐ Monday	Hours		Days ☐ Thursday	Hours

☐ Friday

☐ Saturday